EIDE BAILLY LLP 200 EAST 10TH ST, PO BOX 5125 SIOUX FALLS, SD 57117-5125

> WASHINGTON SENIOR HIGH SCHOOL BOOSTER CLUB 501 N SYCAMORE AVENUE SIOUX FALLS, SD 57110-5752

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Public Disclosure Copy

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CLIENT'S COPY



CPAs & BUSINESS ADVISORS

October 15, 2018

Washington Senior High School Booster Club 501 N Sycamore Avenue Sioux Falls, SD 57110-5752 Attention: Jill Johannsen

Dear Jill:

Enclosed is the 2017 Exempt Organization return, as follows...

2017 Form 990-EZ

2017 IRS E-File Signature Authorization For An Exempt Organization (Form 8879-EO)

Please review the return for completeness and accuracy.

In addition, we have included a separate public disclosure copy of the Form 990-EZ and Form 990-T (if applicable) located on Eide Bailly Connect. All exempt organizations are required to have a copy of their current year Form 990-EZ and two prior year returns available for public inspection. If the Form 990-EZ includes a Schedule of Contributors (Schedule B), we have removed the names and addresses of contributors from this return, as this information is not open to public inspection. Only organizations exempt under 501(c)(3) must make the current year Form 990-T and two prior year returns available. You should print and sign the public disclosure copy(ies)and keep them available at your primary office location. A copy of the returns will be retained on Eide Bailly Connect for four years.

We have prepared the return from information you furnished us without verification. Upon examination of the return by tax authorities, requests may be made for underlying data. We therefore recommend that you preserve all records which you may be called upon to produce in connection with such possible examinations.

Many states require legal entities to register with them in order to do business in their state. Please remember to keep your registration active and current for each state that you have business activities. South Dakota nonprofit organizations receiving grants, pass-through grants, or any other awards granted by a state agency after July 1, 2016, are required to display their public disclosure Form 990-EZ on the organization's website immediately following filing of the Form 990-EZ with the IRS. Please make sure the public disclosure copy of the organizations' Form 990-EZ is posted to your website, if applicable. This is a requirement under South Dakota Codified Law Chapter 1-56 Paragraph 10.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax return.

Sincerely,

Laurie Hanson, CPA

Public Disclosure Copy

TAX RETURN FILING INSTRUCTIONS

** FORM 990-EZ PUBLIC DISCLOSURE COPY **

FOR THE YEAR ENDING

July 31, 2018

| Prepared for | Washington Senior High School Booster Club 501 N Sycamore Avenue Sioux Falls, SD 57110-5752 |
|--|--|
| Prepared by | Eide Bailly LLP 200 East 10th St, Po Box 5125 Sioux Falls, SD 57117-5125 |
| Amount due or refund | Not applicable |
| Make check payable to | Not applicable |
| Mail tax return and check (if applicable) to | Not applicable |
| Return must be mailed on or before | Not applicable |
| Special Instructions | This copy of the return is provided ONLY for Public Disclosure purposes. Any confidential information regarding large donors has been removed. |

| | • | | ** PUBLIC-UDISCLOSURE, C Short Form | COPY * | * | | OMB No. 1545-1150 |
|------------|-------------------|---------------------------------|--|---------------|-------------------|--------------------|---------------------------|
| Form | 9 | 90-EZ | Return of Organization Exempt F | From I | ncome Ta | IX | 2017 |
| | | | Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue | e Code (exc | cept private foun | dations) | 2017 |
| | | | Do not enter social security numbers on this form a | as it may b | e made public. | | Open to Public |
| | | of the Treasury enue Service | ➡ Go to www.irs.gov/Form990EZ for instructions an | nd the lates | st information. | | Inspection |
| A F | or the | e 2017 calendar | year, or tax year beginning AUG 1, 2017 | and end | ing JUL 3 | 1.2 | 018 |
| BC | heck i pplicat | f Die: C Na | me of organization | | | | entification number |
| | | | ASHINGTON SENIOR HIGH SCHOOL | | | | |
| | Nam | e change BC | OSTER CLUB | | 2 | 3-74 | 16991 |
| | | inclum | ber and street (or P.O. box, if mail is not delivered to street address) | | Room/suite E Tele | ephone nu | umber |
| | | |)1 N SYCAMORE AVENUE | | (| 605) | 367-7970 |
| | Ame | lacarotann | or town, state or province, country, and ZIP or foreign postal code | | F Gro | up Exemp | otion |
| | | ation penuing | OUX FALLS, SD 57110-5752 | | | nber ► | |
| | | nting Method: | X Cash Accrual Other (specify) ► | | | | if the organization is |
| | | - | BOOSTER.COM | | | | to attach Schedule B |
| - | | , | | 4947(a)(1) | or 527 (For | rm 990, 9 | 90-EZ, or 990-PF). |
| | | - | X Corporation Trust Association Othe | | accate /Dort II | | |
| | | | b to line 9 to determine gross receipts. If gross receipts are \$200,000 or moi \$500,000 or more, file Form 990 instead of Form 990-EZ | | | ¢ | 88,375. |
| | nrt I | | , Expenses, and Changes in Net Assets or Fund Ba | | | ► \$ for Part I | |
| 10 | | | organization used Schedule O to respond to any question in this Part I | | | | |
| | 1 | | gifts, grants, and similar amounts received | | | 1 | 69,058. |
| | 2 | | e revenue including government fees and contracts | | | 2 | |
| | 3 | | Jes and assessments | | | 3 | 9,832. |
| | 4 | Investment inc | ome | SCHED | ULE O | 4 | 37. |
| | 5a | | from sale of assets other than inventory 5a | | | | |
| | | | ther basis and sales expenses 5b | b | | | |
| | | | ······································ | | | 5c | |
| | 6 | - | ndraising events | | | | |
| er | a | Gross income | rom gaming (attach Schedule G if greater than | | | | |
| Revenue | | | 6a | | | | |
| Rev | b | | 5 (5) | contributions | 5 | | |
| | | | ig events reported on line 1) (attach Schedule G if the sum of such | | 404 | | |
| | | - | and contributions exceeds \$15,000) 6b | | 404. 401. | | |
| | Ι. | | benses from gaming and fundraising events | | | 64 | 3. |
| | d 70 | Gross sales of | (loss) from gaming and fundraising events (add lines 6a and 6b and subtract inventory, less returns and allowances | | 7,794. | 6d | J• |
| | /a h | Less cost of a | bods sold SEE SCHEDULE O | a h | 23,671. | | |
| | | Gross profit or | (loss) from sales of inventory (Subtract line 7b from line 7a) | | | 7c | -15,877. |
| | 8 | Other revenue | (describe in Schedule 0) | SCHED | ULE O | 8 | 1,250. |
| | 9 | Total revenue | Add lines 1 2 3 4 5c 6d 7c and 8 | | | 9 | 64,303. |
| | 10 | Grants and sim | ilar amounts paid (list in Schedule 0) | SCHED | ULE O | 10 | 67,877. |
| | 11 | Benefits paid to | o or for members | | | 11 | 9,832. |
| es | 12 | Salaries, other | compensation, and employee benefits | | | 12 | |
| sue | 13 | | es and other payments to independent contractors | | | 13 | |
| Expenses | 14 | Occupancy, rer | it, utilities, and maintenance | | | 14 | |
| ш | 15 | Printing, public | ations, postage, and shipping | 0011 | | 15 | |
| | 16 | | s (describe in Schedule 0) | | | 16 | 2,045. |
| | 17 | | s. Add lines 10 through 16 | | | 17 | 79,754. -15,451. |
| ets | 18 | | cit) for the year (Subtract line 17 from line 9) | | | 18 | -10,401. |
| SSE | 19 | | Ind balances at beginning of year (from line 27, column (A)) | | | 19 | 90,212. |
| Net Assets | 20 | | th end-of-year figure reported on prior year's return) in net assets or fund balances (explain in Schedule O) | | | 20 | 0. |
| Ž | 20 | | and balances at end of year. Combine lines 18 through 20 | | | 20 | 74,761. |
| LHA | | | luction Act Notice, see the separate instructions. | | | | Form 990-EZ (2017) |
| | | | · • | | | | |

| WASHINGTON SENIOR HIGHic Sig Form 990-EZ (2017) BOOSTER CLUB | xasukeuCopy | | 23-' | 74169 | 91 Page 2 |
|---|--|--|---|--|---|
| Part II Balance Sheets (see the instructions for Part II) | | | 25 | /410) | |
| Check if the organization used Schedule O to resp | oond to any question | in this Dart II | | | |
| | | A) Beginning of year | | (B) F | nd of year |
| 22 Cash, savings, and investments | · · · | 90,212 | • 22 | (2)2 | 74,761. |
| | | 50,212 | 23 | | /1//010 |
| • | | | 23 | | |
| 24 Other assets (describe in Schedule O) | | 90,212 | | | 74,761. |
| 25 Total assets | | 90,212 | _ | | 0. |
| 26 Total liabilities (describe in Schedule 0) | | 90,212 | | | 74,761. |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | | | • 27 | | |
| Part III Statement of Program Service Accomplishmen | · | , | v | | (penses for section |
| Check if the organization used Schedule O to resp | | i in this Part III | | | and 501(c)(4) |
| What is the organization's primary exempt purpose? SEE SCHEDULE O | | | | | ons; optional for |
| Describe the organization's program service accomplishments for each of its three largest program | | s. In a clear and concise | | others.) | |
| manner, describe the services provided, the number of persons benefited, and other relevant inform | ation for each program title. | | | | |
| 28 SEE SCHEDULE O | | | | | |
| | | | | | |
| | | | | | |
| (Grants \$ 67,877.) If this amount includes foreign g | rants, check here | | | 28a | 79,754. |
| 29 | | | | | |
| | | | | | |
| | | | | | |
| (Grants \$) If this amount includes foreign g | rants, check here | | | 29a | |
| 30 | | F | | | |
| | | | | | |
| | | | | | |
| (Grants \$) If this amount includes foreign of | wanta abaali bara | | | 30a | |
| | | | | 30a | |
| | | | | 21. | |
| (Grants \$) If this amount includes foreign g | | | | 31a | 70 75/ |
| 32 Total program service expenses (add lines 28a through 31a) 32 79,754. | | | | | |
| Dert IV List of Officers Directors Trustees and Key E | mployees (totant | | | | |
| Part IV List of Officers, Directors, Trustees, and Key E | mployees (list each one e | ven if not compensated - | | | |
| Part IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to resp | mployees (list each one er pond to any question | ven if not compensated - in this Part IV | see the i | nstructions f | or Part IV) |
| Part IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to resp | mployees (list each one er cond to any question (b) Average hours | ven if not compensated - in this Part IV (C) Reportable compensation (Forms | see the i | nstructions f | or Part IV) |
| Part IV List of Officers, Directors, Trustees, and Key E | mployees (list each one er pond to any question | ven if not compensated - in this Part IV (C) Reportable | see the i (d) Hea contrit employ plans, a | Ith benefits, butions to yee benefit nd deferred | or Part IV) |
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| Part IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to response (a) Name and title AMY GULBRANSON CO-PRESIDENT - LEFT 1/2018 JILL JOHANSSEN CO-PRESIDENT STACIE KRAY CO-VICE PRESIDENT ELIZABETH BRIEDENBACH CO-VICE PRESIDENT KIM SCHETNAN SECRETARY MICHAEL THOMPSON | mployees (list each one er cond to any question (b) Average hours per week devoted to position 1.00 1.00 1.00 1.00 1.00 | ven if not compensated - in this Part IV (C) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0. 0. 0. 0. | see the i (d) Hea contrit employ plans, a | nstructions f lith benefits, butions to yee benefit and deferred bensation 0 . 0 . 0 . 0 . 0 . | (e) Estimated amount of other compensation 0 . 0 . 0 . 0 . 0 . |
| Part IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to response (a) Name and title AMY GULBRANSON CO-PRESIDENT - LEFT 1/2018 JILL JOHANSSEN CO-PRESIDENT STACIE KRAY CO-VICE PRESIDENT ELIZABETH BRIEDENBACH CO-VICE PRESIDENT KIM SCHETNAN SECRETARY MICHAEL THOMPSON | mployees (list each one er cond to any question (b) Average hours per week devoted to position 1.00 1.00 1.00 1.00 1.00 | ven if not compensated - in this Part IV (C) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0. 0. 0. 0. | see the i (d) Hea contrit employ plans, a | nstructions f lith benefits, butions to yee benefit and deferred bensation 0 . 0 . 0 . 0 . 0 . | (e) Estimated amount of other compensation 0 . 0 . 0 . 0 . 0 . |
| Part IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to response (a) Name and title AMY GULBRANSON CO-PRESIDENT - LEFT 1/2018 JILL JOHANSSEN CO-PRESIDENT STACIE KRAY CO-VICE PRESIDENT ELIZABETH BRIEDENBACH CO-VICE PRESIDENT KIM SCHETNAN SECRETARY MICHAEL THOMPSON | mployees (list each one er cond to any question (b) Average hours per week devoted to position 1.00 1.00 1.00 1.00 1.00 | ven if not compensated - in this Part IV (C) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0. 0. 0. 0. | see the i (d) Hea contrit employ plans, a | nstructions f lith benefits, butions to yee benefit and deferred bensation 0 . 0 . 0 . 0 . 0 . | (e) Estimated amount of other compensation 0 . 0 . 0 . 0 . 0 . |
| Part IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to response (a) Name and title AMY GULBRANSON CO-PRESIDENT - LEFT 1/2018 JILL JOHANSSEN CO-PRESIDENT STACIE KRAY CO-VICE PRESIDENT ELIZABETH BRIEDENBACH CO-VICE PRESIDENT KIM SCHETNAN SECRETARY MICHAEL THOMPSON | mployees (list each one er cond to any question (b) Average hours per week devoted to position 1.00 1.00 1.00 1.00 1.00 | ven if not compensated - in this Part IV (C) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0. 0. 0. 0. | see the i (d) Hea contrit employ plans, a | nstructions f lith benefits, butions to yee benefit and deferred bensation 0 . 0 . 0 . 0 . 0 . | (e) Estimated amount of other compensation 0 . 0 . 0 . 0 . 0 . |
| Part IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to response (a) Name and title AMY GULBRANSON CO-PRESIDENT - LEFT 1/2018 JILL JOHANSSEN CO-PRESIDENT STACIE KRAY CO-VICE PRESIDENT ELIZABETH BRIEDENBACH CO-VICE PRESIDENT KIM SCHETNAN SECRETARY MICHAEL THOMPSON | mployees (list each one er cond to any question (b) Average hours per week devoted to position 1.00 1.00 1.00 1.00 1.00 | ven if not compensated - in this Part IV (C) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0. 0. 0. 0. | see the i (d) Hea contrit employ plans, a | nstructions f lith benefits, butions to yee benefit and deferred bensation 0 . 0 . 0 . 0 . 0 . | (e) Estimated amount of other compensation 0 . 0 . 0 . 0 . 0 . |

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23-7416991 Page 3

| Pa | rt V Other Information (Note the Schedule A and personal benefit contract statement requirements | | | |
|------------|--|------------|-----------------|-----------------|
| | instructions for Part V.) Check if the organization used Sch. O to respond to any question in thi | s Parl | : V | X |
| | | | Yes | No |
| 33 | Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each | | | |
| | activity in Schedule O | 33 | | X |
| 34 | Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended | | | 37 |
| 05. | documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) | 34 | | X |
| 35 a | Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? | 35a | | x |
| h | on lines 2, 6a, and 7a, among others)? | 35a 35b | N/ | |
| | Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax | 000 | 117 | |
| Ŭ | requirements during the year? If "Yes," complete Schedule C, Part III | 35c | | х |
| 36 | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," | | | |
| | complete applicable parts of Schedule N | 36 | | х |
| 37 a | Enter amount of political expenditures, direct or indirect, as described in the instructions | | | |
| b | Did the organization file Form 1120-POL for this year? | 37b | | Х |
| 38 a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made | | | |
| | in a prior year and still outstanding at the end of the tax year covered by this return? | 38a | | X |
| | If "Yes," complete Schedule L, Part II and enter the total amount involved | - | | |
| 39 | Section 501(c)(7) organizations. Enter: | | | |
| | Initiation fees and capital contributions included on line 9 39a N/A Gross receipts, included on line 9, for public use of club facilities 39b N/A | - | | |
| | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: | - | | |
| 70 a | section 4911 \blacktriangleright 0 • ; section 4912 \blacktriangleright 0 • ; section 4955 \blacktriangleright 0 • | | | |
| b | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit | | | |
| | transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any | | | |
| | of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 40b | | Х |
| C | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on | | | |
| | organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0. | | | |
| d | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed | | | |
| | by the organization 0 . | | | |
| e | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter | 40. | | х |
| 44 | transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed NONE | 40e | | Λ |
| 41 42 a | The organization's books are in care of \blacktriangleright MICHAEL THOMPSON Telephone no. \triangleright (605) | 367 | -79 | 70 |
| 72 U | Located at ▶ 501 N SYCAMORE AVENUE, SIOUX FALLS, SD | 5711 | $\frac{1}{0-5}$ | $\frac{1}{752}$ |
| b | At any time during the calendar year, did the organization have an interest in or a signature or other authority | | | |
| | over a financial account in a foreign country (such as a bank account, securities account, or other financial | | Yes | No |
| | account)? | 42b | | Х |
| | If "Yes," enter the name of the foreign country: 🕨 | | | |
| | See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | 77 |
| C | At any time during the calendar year, did the organization maintain an office outside the United States? | 42c | | Х |
| 40 | If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here | | | |
| 43 | and enter the amount of tax-exempt interest received or accrued during the tax year 43 | N/A | | |
| | | 11/11 | | |
| | | | Yes | No |
| 44 a | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of | | | |
| | Form 990-EZ | 44a | | Х |
| b | Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead | | | |
| | of Form 990-EZ | 44b | | X |
| | Did the organization receive any payments for indoor tanning services during the year? | 44c | | X |
| d | If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation | 444 | | |
| 15 a | <i>in Schedule O</i> Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 44d 45a | | X |
| | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section | 408 | | |
| 5 | 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) | 45b | | |
| | | Form 9 | 90-EZ | (2017) |

Form 990-EZ (2017)

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| 23-7416991 | Page 4 |
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| | | | Yes | No |
|----|--|----|-----|----|
| 46 | Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? | | | |
| | If "Yes," complete Schedule C, Part I | 46 | | Х |
| Pá | art VI Section 501(c)(3) organizations only | | | |
| | All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. | | | |

| | Check if the organization used Schedule O to respond to any question in this Part VI | | | | |
|------|--|-----|-----|----|--|
| | | | Yes | No | |
| 47 | Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II | 47 | | Х | |
| 48 | Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 48 | | Х | |
| 49 a | Did the organization make any transfers to an exempt non-charitable related organization? | 49a | | Х | |
| b | If "Yes," was the related organization a section 527 organization? | 49b | | | |

| 50 | Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more |
|----|--|
| | than \$100,000 of compensation from the organization. If there is none, enter "None." |

| (a) Name and title of each employee | (b) Average hours per week devoted to position | (C) Reportable compensation (Forms W-2/1099-MISC) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|-------------------------------------|--|---|---|--|
| | - | | | |
| | - | | | |
| | | | | |
| | - | | | |
| | | | | |

f Total number of other employees paid over \$100,000

Form 990-EZ (2017)

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." NONE

| (a) Name and business address of each independent contractor | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| | | |
| | | |
| | | |
| | | |
| | _ | |
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| | | |
| | | |
| | | |
| | | 1 |

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A

... ► 🗶 Yes 🗌 No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

| Sign Here | Signature of officer JILL JOHANNSEN, PRE | SIDENT | | Date | | |
|--|--|---|------------------|-------------------------|-------------------|--|
| Paid | | Preparer's signature | Date 10/15/18 | Check if self- employed | PTIN P00851848 | |
| Prepare Use Onl | y Firm's address \triangleright 200 EAST 10' | Firm's name ► EIDE BAILLY LLP Firm's address ► 200 EAST 10TH ST, PO BOX 5125 | | | | |
| SIOUX FALLS, SD 57117-5125 May the IRS discuss this return with the preparer shown above? See instructions X Yes | | | | | | |

| SCHEDULE A (form 990 or 990-E2) Complete If the organization is a section 501(d) organization or a section Particle of the organization is a section 501(d) organization or a section Particle of the organization Particle P | | | Public Disclosure (| Сору | | | | |
|--|---------------------------------------|-----------------------------|----------------------------------|--------------------|-----------------|----------------|---------------------|----------------------------|
| Complete If the organization is a section 501((3) organization or a section Determined with stream Determined With Determined With Strea | | Public Cha | rit <mark>v Status</mark> an | d Put | olic Si | Joport | | OMB No. 1545-0047 |
| Description Control of the interval Open to Public Impection Name of the organization WASHINGTON Sector Attach to Form Body or Form Form Form Form Form Form Form F | (Form 990 or 990-EZ) | | | | | | | 2017 |
| Internet Network Sector betwee of the organization De to to www.trs_gov/FormSpo for instructions and the latest information. Impection Name of the organization WASENIGR HIGH SCREOL Employer (derification number 23 - 7416991) Part I Reson for Public Chartly Slatus (All organizations must complete this part). San instructions. The organization is not a private foundation because its. (For lines 1 through 12, check only one box). 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(k). 2 A school described in accident of through 12, check only one box). 3 A happtal or a cooperative hospital service organization described in section 170(b)(1)(A)(k)). 4 A nedical research organization operated in conjunctor with a hospital described in section 170(b)(1)(A)(k). 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(k). 6 An degranization operated in a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(k). 7 M An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(k). Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(k). Complete Part II.) 9 An organization described in section 170(b)(1)(A)(k). Complete Part II.) 9 An organization described in section 170(b)(1)(A)(k). 9 An organization described in section 170(b)(1)(A)(k). 10 An organization onganization described | | 494 | 47(a)(1) nonexempt cha | ritable tru | ıst. | | | Onen te Dublie |
| Name of the organization WASHINGTON SENIOR HIGH SCHOOL Employer Identification number 23 - 7416991 Part I Reason for Public Charity Status (All organizations must complete this part). See instructions. The organization is not a private foundation because it is: (For line 1 through 12, check only one box) Image: Advected through (MA(N), (Attach Schedule E form 990 or 990-22). A hospital or a cooperative hospital service organization described in section 700b((MA(N), Complete Part I), A medical research organization organization organization organization organization described in section 700b((MA(N), Complete Part II)) A hospital described in section 700b((MA(N), (Complete Part II)) A forderal, state. Complete Part II) A community true described in section 700b((MA(N), (Complete Part II)) A and organization for government or governmental unit described in section 700b((MA(N), Complete Part II)) A and agranization for gonization described in section 700b((MA(N), Complete Part II)) A and agranization discribed in section 700b((MA(N), Complete Part II)) A and agranization discribed in section 700b((MA(N), Complete Part II)) A norganization that normally receives a subject to cortan acceptions, and (2) no more than 33 1736 of its support from combinations, membership fees, and gross receipts from acceptions, and (2) norma than 31 1736 of its support from combination of the complete Part II, 3 10 An organization described in section 700b((MA(N), State Section 500b(A), Complete Part II) Section 500b(A), Complete Part II) Section 500b(A), Complete Part II, 3 </td <td></td> <td></td> <td></td> <td></td> <td></td> <td>nformation</td> <td></td> <td>-</td> | | | | | | nformation | | - |
| BOOSTER 23-7416991 Part II Reson for Public Charkity Status (µl organizations must complete this part). See instructions. The organization is not a private foundation because it its: (For lines 1 through 12, chack only one box). A church, convention of churches, or association of churches described in section 170(b) (1)(µl)). A happital or a cooparative hospital service organization described in section 170(b) (1)(µl)). A happital or a cooparative hospital service organization described in section 170(b) (1)(µl)). A morganization operated in conjunction with a hospital described in section 170(b) (1)(µl). A community (Na)(Na). A morganization operated or governmental unit described in section 170(b) (1)(µl). A community true described in section 170(b) (1)(µl). A morganization operated in conjunction with a hospital described in section 170(b) (1)(µl). A community true described in section 170(b) (1)(µl). B A community true described in section 170(b) (1)(µl). Complete Part II.) A community true described in section 170(b) (1)(µl). B A community true described in section 170(b) (1)(µl). Complete Part II.) A community true described in section 170(b) (1)(µl). B A community true described in section 170(b) (1)(µl). Community true described in section 170(b) (1)(µl). Community true described in section 170(b) (1)(µl). B A community true described in section 170(b) (1)(µl). Complete Part II.) | Name of the organization WA | | | | le latest i | mormation. | Employer | • |
| Part I Reason for Public Charity Status (All organizations must complete this part) See Instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section T70(b) (1/A(0)). A school described in section T00(b) (1/A(0)). A modical research organization described in section T70(b) (1/A(0)). A modical research organization described in section T70(b) (1/A(0)). A modical research organization described in section T70(b) (1/A(0)). A modical research organization described in section T70(b) (1/A(0)). Tax and quartization the thromally receives a substantial part of its support from a governmental unit described in section T70(b) (1/A(0)/A). Tax and quartization that normally receives a substantial part of its support from a governmental unit described in section T70(b) (1/A(0)/A). B A commutity fluxt described in section T70(b) (1/A(0)/A). C An organization that normally receives: (1) more than 33 1/3% of its support from contributions, methership fees, and grass neceipts from activities related to its section T50(b) (1/A(0)/A). C An organization organization described in section 509(a/2). An organization organization described in | | | | | | | | |
| 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A chood described in section 170(b)(1)(A)(i) (Arbd Shodekule E form 900 or 900-E2).) 3 A negatization operated in conjunction with a lospital described in section 170(b)(1)(A)(ii). Enter the hospital's name, city, and statu: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(v). 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization the trommally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(v). 8 A community trust described in section 170(b)(1)(A)(v). Compare the name, city, and state of the college or university. 9 O anorganization the normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to the sevent functions: subject to exhibit on the functions of a 102% of its support from granization of agnization described in section 509(a)(2). 11 An organization organization described in section 509(a)(2). See section 509(a)(3). Check the box in lines 52 attrough 124 the describes the upper section subject to explant generic subject to regular spont from basinesses acquired by the organization (3). (See the box in lines 124 through 124 the describes the upper section subject 42, see section 509(a)(4). 10 An or | Part I Reason for Pub | lic Charity Status | All organizations must co | mplete th | is part.) S | ee instruction | | |
| 2 A school described in section 170(b)(1)(A)(ii), A(iii) and the probability of the section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(v). 7 Xi An organization operated government or governmental unit described in section 170(b)(1)(A)(v). 7 Xi An organization operated section 170(b)(1)(A)(v). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(v). (Complete Part II.) 9 An angiointural research organization described in section 170(b)(1)(A)(v). (Complete Part II.) 9 An angiointural research organization described in section 170(b)(1)(A)(v). (Complete Part II.) 9 An angiointural research organization described in section 170(b)(1)(A)(v). (Complete Part II.) 10 An organization organization described in section 170(b)(1)(A)(v). (Complete Part II.) 11 An organization organization organization described in section 170(b)(1)(A)(v). Section 130(b)(1) and 130(b) of the support from gross investment income and unviated business taxable income (less section 11 tay) from businesses acquired by the organization and termines of the support organization organization organization described in section 500(a)(c). Complete Part II.) 11 An organization organizat | The organization is not a private for | oundation because it is: | (For lines 1 through 12, c | heck only | one box.) | | | |
| 3 A hospital or a cooperative hospital service organization described in section 170(b)(1(A)(iii). Enter the hospital's name, city, and state: 6 A reganization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1(A)(ii)). Complete Part II.) 7 IA noganization that nomally receives a substantial part of its support from a governmental unit described in section 170(b)(1(A)(v). (Complete Part II.) 8 A community fuel described in section 170(b)(1(A)(v). (Complete Part II.) 9 An agricultural research organization tation described in section 170(b)(1(A)(v). (Complete Part II.) 9 An agricultural research organization described in section 170(b)(1(A)(v). (Complete Part II.) 9 An agricultural research organization described in section 170(b)(1(A)(v). Complete Part II.) 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its examption than exceptions, and (2) no more than 33 1/3% of its support form gores investment income and urnelated business taxable income (ues section 509(a)(2). (Complete Part III.) 11 An organization neganized and operated exclusively to test for public safety. See section 509(a)(3). Check the box in lines 12a through 12d that described in section 509(a)(4) is support of organization section state) is support or genzization and complete lines 12e, 12f, and 12g. 11 An organization indeparted exclusively to test for public safety. See section 509 | 1 A church, convention c | of churches, or association | on of churches described | d in sectio | n 170(b)(| 1)(A)(i). | | |
| A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(ii). Enter the hospital's name, city, and state: | 2 A school described in s | section 170(b)(1)(A)(ii). (| Attach Schedule E (Forn | n 990 or 99 | 90-EZ).) | | | |
| city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(v). Complete Part II.) A corganization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(v). (Complete Part II.) A corganization that normally receives a substantial part of this support from governmental unit described in section 170(b)(1)(A)(v). (Complete Part II.) An arganization that normally receives a substantial part of the support from contributions, membership fees, and gross receipts from activities related to its sexenf functions: subject to certain exceptions, and (2) no more than 31.10% of its support from gross investment income and unrelated business taxable income (less section 511 tat) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). Complete Part II.) An organization depended exclusively to rist for public safety. See section 509(a)(3). Check the box in lines 12a through 12d that described in section 509(a)(4) for section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12a, 12d, and 12g. Type I. A supporting organization supporting organization and complete lines 12a, 12d, and 12g. Type I. A supporting organization supporting organization and complete lines 12a, 12d, and 12g. Type I. A supporting organization supporting organization and complete lines 12a, 12d, and 12g. Type I. A supporting organization supporting organization and complete lines 12a, 12d, and 12g. Type I. A supporting organization supporting organization and complete lines 12a, 12d, and 12g. Type III northictionally integrated. A supporting organization and complete lines 12a, 12d, and 12g.<td></td><td></td><td></td><td></td><td></td><td>-</td><td></td><td></td> | | | | | | - | | |
| 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(V). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(V). (Complete Part II.) 7 Monganization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(V). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(V). (Complete Part II.) 9 An agricultural research organization described in section 170(b)(1)(A)(V). (Complete Part II.) 9 An agricultural research organization described in section 170(b)(1)(A)(V). (Complete Part II.) 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to bis exempt functions - subject to certain exceptions, and (2). (Complete Part III.) 11 An organization organization departed exclusively to test for public safety. See section 509(a)(4). 12 An organization agricated and operated exclusively to test for public safety. See section 509(a)(2). Check the box in lines 12e, 121, and 12g. 11 An organization organization supervised or controlled by its supported organization(s), typusuptice organization(s), typusuptice organi | - | anization operated in co | njunction with a hospital | described | d in sectio | on 170(b)(1)(A | (iii). Enter | the hospital's name, |
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| control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. e C Check this box if the organization received a written determination from the IRS that it is a Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization(s). (i) Name of supported (iii) EIN (iii) Type of organization) (v) is the organization support (see instructions) vapport (see instruct | | - | | tion with it | | od organizati | on(o) by bo | ving |
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| c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. e Check this box if the organization received a written determination from the IRS that it is a Type I, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization (sili) (ii) Name of supported (iii) File organization (see instructions) (iv) Name of supported (iii) EIN (iii) Type of organization (see instructions) (v) Amount of other support (see instructions) (vi) Name of supported (iii) EIN (iv) Amount of support (see instructions) (vi) Amount of other support (see instructions) (vi) Amount of user (see instructions) Image: I | | | | and perse | | | age the sup | ported |
| d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (described on lines 1-10) above (see instructions)) vigue (see instructions)) Yes No support (see instructions) upport (see instructions) support (see instructions) upport (see instructions) upport (see instructions) upport (see instructions) upport (see instructions) upport (see instructions) upport (see instructions) | | - | | in connec | tion with, | and functiona | ally integrate | ed with, |
| that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organization subut the supported organization(s). g Provide the following information about the supported organization (iii) Type of organization (iii) Type of organization (described on lines 1-10) (received a lower of support (see instructions)) (v) Amount of other support (see instructions)) (v) Amount of the support (see instructions) (see ins | its supported organiz | zation(s) (see instructions | s). You must complete I | Part IV, Se | ections A, | D, and E. | | |
| requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (described on lines 1-10 above (see instructions)) (v) Amount of monetary organization (vi) Amount of other support (see instructions) (vi) Amount of complete instructions) (vi) Amount of monetary organization (vi) Amount of complete instructions) (vi) Amount of monetary support (see instructions) (vi) Amount of complete instructions) (vi) Amount of monetary (vi) Amount of ther support (see instructions) (vi) Amount of monetary (vi) Amount of ther support (see instructions) (vi) Amount of monetary (vi) Amount of ther support (see instructions) (vi) Amount of monetary (vi) Amount of ther support (see instructions) (vi) Amount of monetary (vi) Amount of ther support (see instructions) (vi) Amount of monetary (vi) Amount of ther support (see instructions) (vi) Amount of monetary (vi) Amount of ther support (see instructions) (vi) Amount of monetary (v | d 🗌 Type III non-functio | nally integrated. A supp | porting organization oper | ated in co | nnection \ | with its suppo | orted organi | zation(s) |
| e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization. (ii) Name of supported organization (iii) Type of organization (described on lines 1-10 above (see instructions)) (iv) Is the organization issted organization. (v) Amount of monetary support (see instructions) iiii (v) is the organization organization (iv) Sthe organization issted organization. (v) Amount of monetary support (see instructions) (vi) Amount of other support (see instructions) iiiii (v) is the organization (vi) Sthe organization issted organization issted (decument) (v) Amount of other support (see instructions) iiiiiii (iii) EIN (iii) EIN (iv) Sthe organization issted (decument) (vi) Amount of other support (see instructions) iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii | | | | | | | id an attent | iveness |
| functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organization g Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (described on lines 1-10 above (see instructions)) Yes No (v) Amount of monetary support (see instructions) support (see instructions) support (see instructions) (v) Amount of monetary (v) Amount of | | · | - | | | | | |
| f Enter the number of supported organizations | | | | | | а Туре I, Туре | e II, Type III | |
| g Provide the following information about the supported organization(s). (ii) Name of supported organization (iii) Type of organization (described on lines 1.10) above (see instructions)) (iv) Is the organization listed in your governing document? (v) Amount of monetary support (see instructions) (vi) Amount of other support (see instructions) Image: State of the support (see instructions)) Image: State of the support of the support of the support (see instructions) Image: State of the support of the support (see instructions) Image: State of the support of the support (see instructions) Image: State of the support of the support of the support of the support (see instructions) Image: State of the support of the | | | | | | | | |
| (i) Name of supported organization (ii) EIN (iii) Type of organization (described on lines 1:10 above (see instructions)) (iv) Amount of monetary support (see instructions) (vi) Amount of other support (see instructions) Image: Structure of the support of the support (see instructions) Image: Structure of the support (see instructions) Image: Structure of the support (see instructions) Image: Structure of the support (see instructions) Image: Structure of the support of the support of the support of the support (see instructure of the support (see instruct | | | | | | | | |
| organization (described of lines into above (see instructions)) Yes No support (see instructions) support (see instructions) | | | (iii) Type of organization | (iv) Is the orga | nization listed | (v) Amount o | f monetary | (vi) Amount of other |
| | organization | | | | | support (see i | nstructions) | support (see instructions) |
| Image: Second | | | | | | | | |
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| Total | | | | | | | | |
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Schedule A (Form 990 or 990 EZ) 2017 BOOSTER CLUB

Part II

23-7416991 Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| Sec | ction A. Public Support | | | | | | | |
|------|--|---------------------|--------------------|---------------------|---------------------|---------------------|--------------------------|--|
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total | |
| 1 | Gifts, grants, contributions, and | | | | | | | |
| | membership fees received. (Do not | | | | | | | |
| | include any "unusual grants.") | 81,703. | 99,544. | 75,325. | 92,135. | 69,058. | 417,765. | |
| 2 | Tax revenues levied for the organ- | | | | | | | |
| | ization's benefit and either paid to | | | | | | | |
| | or expended on its behalf | | | | | | | |
| 3 | The value of services or facilities | | | | | | | |
| | furnished by a governmental unit to | | | | | | | |
| | the organization without charge | | | | | | | |
| 4 | Total. Add lines 1 through 3 | 81,703. | 99,544. | 75,325. | 92,135. | 69,058. | 417,765. | |
| | The portion of total contributions | | | | | | | |
| | by each person (other than a | | | | | | | |
| | governmental unit or publicly | | | | | | | |
| | supported organization) included | | | | | | | |
| | on line 1 that exceeds 2% of the | | | | | | | |
| | amount shown on line 11, | | | | | | | |
| | column (f) | | | | | | | |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | 417,765. | |
| | tion B. Total Support | | | | | | , | |
| | ndar year (or fiscal year beginning in) 🕨 | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total | |
| | Amounts from line 4 | 81,703. | 99,544. | 75,325. | 92,135. | 69,058. | 417,765. | |
| 8 | Gross income from interest, | - , | ,- | - , | - , | , | , | |
| Ũ | dividends, payments received on | | | | | | | |
| | securities loans, rents, royalties, | | | | | | | |
| | and income from similar sources | | | 7. | 15. | 37. | 59. | |
| 9 | Net income from unrelated business | | | , , | | | | |
| 9 | activities, whether or not the | | | | | | | |
| | | | | | | | | |
| 10 | business is regularly carried on | | | | | | | |
| 10 | Other income. Do not include gain | | | | | | | |
| | or loss from the sale of capital | | | 1,686. | 650. | 1,654. | 3,990. | |
| | assets (Explain in Part VI.) | | | 1,000. | 0.50• | 1,0540 | 421,814. | |
| | Total support. Add lines 7 through 10 | | | | | 12 | 71,001. | |
| | Gross receipts from related activities, | • | , | | | | /1,001. | |
| 13 | First five years. If the Form 990 is for | - | | | - | | | |
| Sec | organization, check this box and stop ction C. Computation of Publ | | | | | | | |
| | | | | olumn (f) | | 14 | 99.04 % | |
| | Public support percentage for 2017 (I | | • | | | 14 | <u>99.04</u> % 99.46% | |
| | Public support percentage from 2016 | | | | | | | |
| 108 | 33 1/3% support test - 2017. If the c | | | | | | | |
| | stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box | | | | | | | |
| Q | | | | | | | | |
| 47 | and stop here. The organization qual | | | | | | | |
| 1/a | 7a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, | | | | | | | |
| | and if the organization meets the "fac | | | | - | - | | |
| | meets the "facts-and-circumstances" | | | | | | | |
| b | 10% -facts-and-circumstances tes | - | | | | | | |
| | more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the | | | | | | | |
| | organization meets the "facts-and-circ | | - | | | | | |
| 18 | Private foundation. If the organizatio | n did not check a l | box on line 13, 16 | a, 16b, 17a, or 17b | o, check this box a | and see instruction | s ► | |

Schedule A (Form 990 or 990-EZ) 2017

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Schedule A (Form 990 or 990 EZ) 2017 BOOSTER CLUB Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| Section A. Public Support | | _ | | | | |
|---|-------------------|--------------------|--------------------|--------------------|------------|-------------|
| Calendar year (or fiscal year beginning in) 🕨 | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| 1 Gifts, grants, contributions, and | | | | | | |
| membership fees received. (Do not | | | | | | |
| include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, | | | | | | |
| merchandise sold or services per- | | | | | | |
| formed, or facilities furnished in | | | | | | |
| any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that | | | | | | |
| are not an unrelated trade or bus- | | | | | | |
| iness under section 513 | | | | | | |
| 4 Tax revenues levied for the organ- | | | | | | |
| ization's benefit and either paid to | | | | | | |
| or expended on its behalf | | | | | | |
| 5 The value of services or facilities | | | | | | |
| furnished by a governmental unit to | | | | | | |
| the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and | | | | | | |
| 3 received from disgualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received | | | | | | |
| from other than disqualified persons that | | | | | | |
| exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |
| Section B. Total Support | | | | | | |
| Calendar year (or fiscal year beginning in) | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| 9 Amounts from line 6 | (4) 2010 | (6) 2014 | (6) 2010 | (4) 2010 | | |
| 10a Gross income from interest, | | | | | | |
| dividends, payments received on | | | | | | |
| securities loans, rents, royalties, and income from similar sources | | | | | | |
| b Unrelated business taxable income | | | | | | |
| (less section 511 taxes) from businesses | | | | | | |
| acquired offer June 20, 107E | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business | | | | | | |
| activities not included in line 10b, | | | | | | |
| whether or not the business is | | | | | | |
| regularly carried on 12 Other income. Do not include gain | | | | | | |
| or loss from the sale of capital | | | | | | |
| assets (Explain in Part VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | <u>i</u> | | | I | | |
| 14 First five years. If the Form 990 is for | - | | | - | | zation, |
| check this box and stop here | ie Support De | roontogo | | | | |
| Section C. Computation of Publ | | | | | | |
| 15 Public support percentage for 2017 (| | | | | 15 | % |
| 16 Public support percentage from 2016 | | | | | 16 | % |
| Section D. Computation of Inve | | | | | | |
| 17 Investment income percentage for 20 | | ., . | ne 13, column (f)) | | 17 | % |
| 18 Investment income percentage from | | | | | 18 | % |
| 19a 33 1/3% support tests - 2017. If the | | | | | | 1 / is not |
| more than 33 1/3%, check this box a | | | | | | |
| b 33 1/3% support tests - 2016. If the | | | | | | |
| line 18 is not more than 33 1/3% , che | | | • | | • | |
| 20 Private foundation. If the organization | n did not check a | box on line 14, 19 | a, or 19b, check t | his box and see in | structions | > |

WASHINGTON SENILOBCIOHICHPySCHOOL

23-7416991 Page 4

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

Schedule A (Form 990 or 990-EZ) 2017 BOOSTER CLUB

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? *If* "*No*," *describe in* **Part VI** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, Ioan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "*Yes*," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990 or 990-EZ) 2017 BOOSTER CLUB

| 23-7416991 Pag | е5 |
|----------------|----|
|----------------|----|

| Pa | rt IV Supporting Organizations (continued) | | | |
|---------|---|-----------|-----|----|
| | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) | | | |
| | below, the governing body of a supported organization? | 11a | | |
| b | A family member of a person described in (a) above? | 11b | | |
| | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. | 11c | | |
| | tion B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to | | | |
| | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the | | | |
| | tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or | | | |
| | controlled the organization's activities. If the organization had more than one supported organization, | | | |
| | describe how the powers to appoint and/or remove directors or trustees were allocated among the supported | | | |
| | organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | - | | |
| 2 | organization of the organization of the benefit of any supported organization of the than the supported organization of the support of the benefit of any support of the organization of the the support of the support | | | |
| | | | | |
| | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| <u></u> | supervised, or controlled the supporting organization. | 2 | | |
| Sec | tion C. Type II Supporting Organizations | | N | |
| | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | |
| | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | | | |
| | the supported organization(s). | 1 | | |
| Sec | tion D. All Type III Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | | |
| | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | |
| | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | |
| | the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a | | | |
| | significant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | |
| | supported organizations played in this regard. | 3 | | |
| Sec | tion E. Type III Functionally Integrated Supporting Organizations | | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions) | | | |
| а | The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b | The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| с | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins | tructions | s). | |
| 2 | Activities Test. Answer (a) and (b) below. | | Yes | No |
| а | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | | |
| | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | | |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, | | | |
| | how the organization was responsive to those supported organizations, and how the organization determined | | | |
| | that these activities constituted substantially all of its activities. | 2a | | |
| b | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more | | | |
| | of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the | | | |
| | reasons for the organization's position that its supported organization(s) would have engaged in these | | | |
| | activities but for the organization's involvement. | 2b | | |
| 3 | Parent of Supported Organizations. Answer (a) and (b) below. | | | |
| a | | | | |
| | trustees of each of the supported organizations? <i>Provide details in</i> Part VI. | 3a | | |
| b | | | | |
| | of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | 3b | | |

WASHINGTON SENIOR OF BOOSTER CLUB

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 1 Net short-term capital gain Recoveries of prior-year distributions 2 2 Other gross income (see instructions) 3 3 4 4 Add lines 1 through 3 Depreciation and depletion 5 5 Portion of operating expenses paid or incurred for production or 6 collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 7 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d 3 3 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 4 4 see instructions) 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by .035 6 6 Recoveries of prior-year distributions 7 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, Column A) 1 1 2 Enter 85% of line 1 2 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 4 4 Enter greater of line 2 or line 3 5 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to 6 emergency temporary reduction (see instructions) 6

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2017

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| | dule A (Form 990 or 990 EZ) 2017 BOOSTER CLUB | | <u> </u> | 3-7416991 Page 7 |
| Pa | rt V Type III Non-Functionally Integrated 509 | (a)(3) Supporting Orga | anizations (continued) | |
| Sect | ion D - Distributions | | | Current Year |
| _1 | Amounts paid to supported organizations to accomplish exe | | | |
| 2 | Amounts paid to perform activity that directly furthers exemp | ot purposes of supported | | |
| | organizations, in excess of income from activity | | | |
| 3 | Administrative expenses paid to accomplish exempt purpose | es of supported organization | S | |
| 4 | Amounts paid to acquire exempt-use assets | | | |
| _5 | Qualified set-aside amounts (prior IRS approval required) | | | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | |
| _7 | Total annual distributions. Add lines 1 through 6. | | | |
| 8 | Distributions to attentive supported organizations to which the | he organization is responsive | 9 | |
| | (provide details in Part VI). See instructions. | | | |
| 9 | Distributable amount for 2017 from Section C, line 6 | | | |
| 10 | Line 8 amount divided by line 9 amount | | | |
| Sect | ion E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2017 | (iii) Distributable Amount for 2017 |
| 1 | Distributable amount for 2017 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2017 (reason- | | | |
| | able cause required- explain in Part VI). See instructions. | | | |
| 3 | Excess distributions carryover, if any, to 2017 | | | |
| а | | | | |
| b | From 2013 | | | |
| с | From 2014 | | | |
| d | From 2015 | | | |
| е | From 2016 | | | |
| f | Total of lines 3a through e | | | |
| g | Applied to underdistributions of prior years | | | |
| | Applied to 2017 distributable amount | | | |
| i | Carryover from 2012 not applied (see instructions) | | | |
| i | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 | Distributions for 2017 from Section D, | | | |
| | line 7: \$ | | | |
| а | Applied to underdistributions of prior years | | | |
| - | Applied to 2017 distributable amount | | | |
| | Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 | Remaining underdistributions for years prior to 2017, if | | | |
| | any. Subtract lines 3g and 4a from line 2. For result greater | | | |
| | than zero, explain in Part VI. See instructions. | | | |
| 6 | Remaining underdistributions for 2017. Subtract lines 3h | | | |
| - | and 4b from line 1. For result greater than zero, explain in | | | |
| | Part VI. See instructions. | | | |
| 7 | Excess distributions carryover to 2018. Add lines 3j | | | |
| • | and 4c. | | | |
| 8 | Breakdown of line 7: | | | |
| | Excess from 2013 | | | |
| - | Excess from 2014 | | | |
| | Excess from 2015 | | | |
| - | Excess from 2016 | | | |
| - | Excess from 2017 | | | |
| | | | Schedule A | (Form 990 or 990-EZ) 2017 |

Schedule A (Form 990 or 990-EZ) 2017

| | | WASHINGTON | SENIL OBCIONICH PySCHOOL | |
|------------|--|---|--|--|
| Schedule A | (Form 990 or 990-EZ) 201 | 7 BOOSTER CLU | UB | 23-7416991 Page 8 |
| Part VI | Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D, | mation. Provide the , 2, 3b, 3c, 4b, 4c, 5a, lines 2 and 3; Part IV, 5 | explanations required by Part II, line 10; F 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, 9 | Part II, line 17a or 17b; Part III, line 12; Section B, lines 1 and 2; Part IV, Section C, rt V, line 1; Part V, Section B, line 1e; Part V, |
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Schedule B (Form 990, 990-EZ. or 990-PF) Department of the Treasury Internal Revenue Service

** PUBLIC DISCLOSURE COPY **

Public Disclosure Copy Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Employer identification number

| N | lame | of | the | organization |
|---|------|----|-----|--------------|
|---|------|----|-----|--------------|

| WASHINGTON | SENIOR | HIGH | SCHOOL |
|-------------|--------|------|--------|
| BOOSTER CLU | JB | | |

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23-7416991

| Organization | type | (check | one): |
|--------------|------|--------|-------|
| | | | |

| Section: |
|--|
| X 501(c)(3) (enter number) organization |
| 4947(a)(1) nonexempt charitable trust not treated as a private foundation |
| 527 political organization |
| 501(c)(3) exempt private foundation |
| 4947(a)(1) nonexempt charitable trust treated as a private foundation |
| 501(c)(3) taxable private foundation |
| |

Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

📙 For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year _____ 🕨 \$__

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization WASHINGTON SENIOR HIGH SCHOOL BOOSTER CLUB Employer identification number

23-7416991

| Part I | Contributors (see instructions). Use duplicate copies of Part I if addition | onal space is needed. | |
|------------|---|--|---|
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 1 | | \$ <u>52,410.</u> | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions - \$ | Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | _ \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions - \$ | Type of contribution Person |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | - \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) Turne of constribution |
| <u>No.</u> | Name, address, and ZIP + 4 | \$ | Type of contribution Person |

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Part II

(a)

No.

from

Part I

Name of organization WASHINGTON SENIOR HIGH SCHOOL BOOSTER CLUB

Employer identification number

23-7416991

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (c) (b) (d) FMV (or estimate) Description of noncash property given Date received (See instructions.)

| | \$ | |
|--|---|---|
| (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | |
| | \$ | |
| (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | |
| | \$ | |
| (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
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| | \$ | |
| (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
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| (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
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| | (b) Description of noncash property given | (b) (c) Description of noncash property given (c) (b) (c) (c) FMV (or estimate) (See instructions.) (See instructions.) (b) S (c) FMV (or estimate) (See instructions.) (See instructions.) (b) S (c) FMV (or estimate) (See instructions.) (See instructions.) (b) S (c) FMV (or estimate) (See instructions.) S (c) FMV (or estimate) (b) S (c) FMV (or estimate) (c) FMV (or estimate) |

| Name of org | | | Employer identification number | | | | | | | |
|---------------------------|--|--|---|--|--|--|--|--|--|--|
| BOOSTE | NGTON SENIOR HIGH SCHOO ER CLUB | | 23-7416991 | | | | | | | |
| Part III | Exclusively religious, charitable, etc., cont the year from any one contributor. Complete c completing Part III, enter the total of exclusively religious Use duplicate copies of Part III if addition. | columns (a) through (e) and the follo s, charitable, etc., contributions of \$1,000 c | I in section 501(c)(7), (8), or (10) that total more than \$1,000 for Wing line entry. For organizations r less for the year. (Enter this info. once.) \$\$ | | | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | | | | | | |
| | | (e) Transfer of gi | | | | | | | | |
| | Transferee's name, address, ar | nd ZIP + 4 | Relationship of transferor to transferee | | | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | | | | | | |
| | Transferee's name, address, ar | (e) Transfer of ginned ZIP + 4 | tt Relationship of transferor to transferee | | | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | | | | | | |
| | Transferee's name, address, ar | (e) Transfer of gir | tt Relationship of transferor to transferee | | | | | | | |
| | | | | | | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | | | | | | |
| | (e) Transfer of gift | | | | | | | | | |
| | Transferee's name, address, ar | nd ZIP + 4 | Relationship of transferor to transferee | | | | | | | |
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| Internal Revenue Service Go to www.irs.gov/Form990 for the latest information. | Inspection |
|---|---|
| Name of the organization WASHINGTON SENIOR HIGH SCHOOL BOOSTER CLUB | Employer identification number 23-7416991 |
| FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME: | |
| DESCRIPTION OF PROPERTY: | AMOUNT: |
| INVESTMENT INCOME | 37. |
| | |
| FORM 990-EZ, PART I, LINE 7, GROSS PROFIT FROM SALES OF | INVENTORY: |
| INCOME: | |
| 1. GROSS RECEIPTS | 7,794. |
| 2. RETURNS AND ALLOWANCES | 0. |
| 3. LINE 1 LESS LINE 2 | 7,794. |
| 4. COST OF GOODS SOLD (LINE 13) | 23,671. |
| 5. GROSS PROFIT (LINE 3 LESS LINE 4) | -15,877. |
| COST OF GOODS SOLD: | |
| 6. INVENTORY AT BEGINNING OF YEAR | 0. |
| 7. MERCHANDISE PURCHASED | 23,671. |
| 8. COST OF LABOR | 0. |
| 9. MATERIALS AND SUPPLIES | 0 . |
| 10. OTHER COSTS | 0. |
| 11. ADD LINES 6 THROUGH 10 | 23,671 |
| 12. INVENTORY AT END OF YEAR | 0. |
| 13. COST OF GOODS SOLD (LINE 11 LESS LINE 12) | 23,671. |
| | |
| FORM 990-EZ, PART I, LINE 8, OTHER REVENUE: | |
| DESCRIPTION OF OTHER REVENUE: | AMOUNT : |
| OTHER INCOME | 1,250. |
| | |
| FORM 990-EZ, PART I, LINE 10, GRANTS AND SIMILAR AMOUNTS | |

Public Disclosure Copy

Attach to Form 990 or 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

OMB No. 1545-0047

Open to Public

Inspection

| | Public Dise | closure Copy | | |
|--|---|--------------|--------------|---|
| Schedule O (Form 990 or 99 Name of the organization | 0-EZ) (2017) WASHINGTON SENIOR HIG BOOSTER CLUB | H SCHOOL | | Page 2 ployer identification number 3 – 7 4 1 6 9 9 1 |
| | | | | |
| ACTIVITY CLASS | IFICATION: VARIOUS STUD | ENT ORGANIZA | TIONS | |
| GRANTEE NAME: | WASHINGTON SENIOR HIGH | SCHOOL | | |
| GRANTEE ADDRES | S: 501 N SYCAMORE AVENU | E SIOUX FALI | s, sd 57110. | |
| GRANTEE RELATI | ONSHIP: NONE | | | |
| PROPERTY DESCR | IPTION: CASH | | | |
| AMOUNT GIVEN: | | | | 67,877. |
| FORM 990-EZ, P | ART I, LINE 16, OTHER E | XPENSES: | | |
| DESCRIPTION OF | OTHER EXPENSES: | | | AMOUNT : |
| MISCELLANEOUS | | | | 1,445. |
| LIABILITY INSU | RANCE | | | 600. |
| TOTAL TO FORM | 990-EZ, LINE 16 | | | 2,045. |
| FORM 990-EZ, P | ART III, PRIMARY EXEMPT | PURPOSE - I | O PROMOTE T | HE ACADEMIC, |
| ARTISTIC AND P | HYSICAL EXTRACURRICULAR | ACTIVITIES | OF WASHINGT | ON SENIOR |
| HIGH SCHOOL. | | | | |
| | | | | |
| FORM 990-EZ, P | ART III, LINE 28, PROGR | AM SERVICE A | CCOMPLISHME | NTS: |
| CREATE INTERES | T IN AND ENTHUSIASM FOR | ACTIVITIES | | |
| SANCTIONED BY | THE WASHINGTON SENIOR H | IGH SCHOOL D |)ISTRICT, | |
| AND PROVIDE FI | NANCIAL AND VOLUNTEER S | UPPORT FOR A | LL | |

SANCTIONED ACTIVITIES THROUGH PROJECTS RECOMMENDED AND APPROVED BY THE

BOOSTER CLUB.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,

OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

| | Public Disclosure Copy | | | | | | | | | | | | | | | | |
|---|------------------------|----------|-------|----|------|------|-----|------|--|-----|-----|-----|-----|-------|------|-----------|--|
| Schedule O (Form 990 or 990-EZ) (2017) Name of the organization WASHINGTON SENIOR HIGH SCHOOL BOOSTER CLUB | | | | | | | | | Page 2 Employer identification number 23-7416991 | | | | | | | | |
| THE | 2 | ORGANIZA | TION, | DI | DNC | Эт, | DUF | RING | THE | YE. | AR, | PAY | ANY | PREMI | UMS, | DIRECTLY, | |
| OR | I | NDIRECTI | Y, ON | A | PERS | SONA | LE | BENE | FIT | CON | TRA | ст. | | | | | |
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